

Merton Pisces Swimming Club

Child Safeguarding Referral Form



Details of referrer (your details)

Name:	click here to enter text
Name of club/organisation:	click here to enter text
Position in organisation:	click here to enter text
Address:	click here to enter text
Phone number(s):	click here to enter text
Email:	click here to enter text

Details of child/victim concerned

Name:	click here to enter text		
Age:	click here to enter text		
Date of birth:	click here to enter text		
Gender:	click here to enter text		
Ethnic origin:	click here to enter text		
Disability / Special needs:	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, give details:	click here to enter text		
Parent(s)/Guardian(s) name:	click here to enter text		
Address:	click here to enter text		
Phone number(s):	click here to enter text		
Email:	click here to enter text		

Details of individual whom the allegation is made against

Name:	click here to enter text
Position in organisation:	click here to enter text
Age (if known):	click here to enter text
Date of birth (if known):	click here to enter text
Address:	click here to enter text
Phone number(s):	click here to enter text
Email:	click here to enter text
If allegation made against a child	
Parent(s)/Guardian(s) name:	click here to enter text
Phone number(s):	click here to enter text

The incident/concern

Date of incident:	click here to enter text)			
Place of incident:	click here to enter text)			
Did you observe the incident / concern:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, give details of individual who did				
Name:	click here to enter text)			
Position in organisation:	click here to enter text)			
Contact details:	click here to enter text)			

Details of concern (include as many details as possible including time it happened, place, if any injuries were sustained, treatment required).

(click here to enter text)

Child's account of what happened (please state what the child actually said or indicate if not their exact words).

(click here to enter text)

Action taken

Police informed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes please give details				
Name of Police Officer dealing:	(click here to enter text)			
Phone / email contact details:	(click here to enter text)			
Crime Reference number:	(click here to enter text)			

Children's Services informed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes please give details				
Name of Social Worker dealing:	(click here to enter text)			
Phone / email contact details:	(click here to enter text)			

Local Authority Designated Officer (LADO) informed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes please give details				
Location of LADO:	(click here to enter text)			
Name of LADO dealing:	(click here to enter text)			
Phone / email contact details:	(click here to enter text)			
Medical assistance required:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes please give details: (click here to enter text)				
Parents informed:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Details of action taken (or attach report sheet separately):				
(click here to enter text)				
Signed	(click here to enter text)	Date	(click here to enter text)	

Once completed please send the referral form to the National Child Safeguarding Team:

- Joanne Garey, National Child Safeguarding Officer – joanne.garey@swimming.org
- Keith Oddy, Independent Child Protection Officer – keithoddy49@gmail.com